

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034673

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 4 1963

## 1. PLACE OF DEATH

## a. COUNTY

St. Louis

## b. CITY (If outside corporate limits, give TOWNSHIP only)

Overland

## Length of stay in 1b

5 mos.

## c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Overland Restorium

## Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

Mo.

## b. COUNTY

St. Louis

admission)

## c. CITY

OR TOWN Overland

## Inside Limits

Yes ☒ No ☐

## d. STREET ADDRESS

(If outside, give location) 2440 Verona Ave.

## Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Anna

Middle

K.

Last

Toennies

## 4. DATE OF DEATH

Month

Aug.

Day

27,

Year

1963

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-6-1876

## 9. AGE (last birthday)

86

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Household

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

August Toennies

## 13b. MOTHER'S MAIDEN NAME

Henrietta Peters

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give year or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Harry A. Toennies-1804 S. Florissant Rd.

## 18. CAUSE OF DEATH (Enter only one cause per item)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

C-V accident

## INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from Oct 154 to Aug 27/63 and last saw her alive on.

Death occurred at 4 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Henry W. Noller D

## 22b. ADDRESS

9440 Midland Ave Overland Mo 64

## 22c. DATE SIGNED

8/29/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

8-29-1963

## 23c. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

## 23d. LOCATION (City, town, or county)

Wellston, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Baumann Bros. Inc. 2504 Woodson Rd., Overland 14, Mo.

## 25. DATE RECD. BY LOCAL REG.

8-29-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*David C. Gibson*

Licensed Embalmer No. 3454

P. O. Address

St. 149 No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.